

The Committee of Bar Examiners
of
The State Bar of California
Office of Admissions



1149 S. HILL ST.
LOS ANGELES 90015-2299

180 HOWARD ST.
SAN FRANCISCO 94105-1639

APPLICATION TO TAKE THE CALIFORNIA BAR EXAMINATION

*** NOTE ***

Please carefully read the "Instructions for Application to Take
the California Bar Examination" before completing this application.
All applicants are required to be familiar with and to comply with all such instructions.

CONFIDENTIAL APPLICATION AND QUESTIONNAIRE

APPLICATIONS MUST BE TYPEWRITTEN OR LEGIBLY PRINTED IN INK.

1.1 Examination applying for:

Month Year

1.2 SOCIAL SECURITY # _____

1.3 I am applying as a (select one):

☐ **General Applicant for the General Bar Examination**
(You may not apply as a General Applicant if you have ever been admitted to practice law in any jurisdiction, including foreign jurisdictions.)

☐ **Attorney Applicant for the General Bar Examination**
(3 Day Examination)

☐ **Attorney Applicant for the Attorneys' Examination**
(2 Day Examination) (Foreign attorneys are not eligible for this examination. Please refer to the application instructions for further information regarding eligibility to take this examination.)

Office Use Only		
EXAM NUMBER		
<div></div>		
Date Filed		
<div></div>		
Mo.	Day	Yr.
Eligibility: _____		
Exam		

1.4 **REGISTRATION:** (A separate form is required.)
Please see Rule V of the *Rules Regulating Admission to Practice Law in California (Rules)*.

You must have filed a registration form with the Committee of Bar Examiners (Committee).

Have you registered with the Committee?

☐ Yes ☐ No

Name under which you registered if different:

☐ Registration submitted now

1.5 DATE OF BIRTH: _____
Month Day Year

1.6 APPLICANT'S NAME:

Last

First

Middle

1.7 **MAILING ADDRESS:** (It is your responsibility to inform the State Bar's Office of Admissions *in writing* of any address change. All correspondence will be mailed to the mailing address on file.)

Number/Street and Apartment Number

Address Continued

City or Non-USA City or Country

State

Zip (U.S.)

1.8 **TELEPHONE:** (_____) _____ - _____

If address is different from that stated on any application previously submitted to the Committee, please check here: ☐

2.1 Birthplace: _____
 City _____

 State/Country _____

2.2 MULTISTATE PROFESSIONAL RESPONSIBILITY EXAMINATION:
 This is a separate examination administered by the National Conference of Bar Examiners. Have you received a passing scale score of 79 or above on the Multistate Professional Responsibility Examination? If YES, please indicate month, year, and state. You must ensure that your score has been appropriately transferred. See application instructions for further details.

G NO G YES _____
 Month Year State

If you are awaiting results please indicate the date and state in which the examination was taken: _____

2.3 FORMER NAMES AND ALIASES:
 If you have ever been known by any other names, state below and provide the effective dates.

 Last First/Middle

DATES: From _____ To _____

2.4 LEGAL EDUCATION: Please indicate below the law school you are now attending, any previously completed law study and whether or not you are claiming credit for that study.

Name and Location of School or Office	Dates Attended		Date of Graduation or Anticipated Month Year	Claiming Credit? (Y/N)
	From	To		
Law School from which graduating				
Other Law Schools attended or other law study completed				

NOTE

After the application is filed, law school certification forms are sent to each law school you have attended if you have not previously taken an examination. If you have completed all of your legal education in a foreign country and have not been admitted to practice law, you must submit an "Application for Evaluation of Law Study Completed and Contemplated." Contact the State Bar's Office of Admissions for details.

FIRST-YEAR LAW STUDENTS' EXAMINATION, RULE VIII, Section 1, Rules

G YES G NO 2.5 Have you satisfactorily completed the first-year course in a law school approved by the ABA and/or accredited by the Committee and had you completed at least two years of college work (60 semester or 90 quarter units) in a college or university approved by the Committee prior to commencing the study of law; or have you passed the bar examination in a sister state or a jurisdiction where the common law of England constitutes the basis of jurisprudence?

G YES G NO 2.6 If NO, have you taken and passed the First-Year Law Students' Examination?

Date of Examination _____
 mo./yr.

MORAL CHARACTER DETERMINATION APPLICATION

☐ YES ☐ NO 3.1 Have you filed an Application for Determination of Moral Character?

a. If yes, when? _____
mo./yr.

b. If no, you are advised that your admission to practice law in California may be delayed pending completion of the processing of the moral character application. See Rules VIII and X of the *Rules* for more information.

3.2. PRIOR ADMISSION TO PRACTICE LAW: (Attorney applicants)

If you have been admitted to practice law in any jurisdiction, you must apply as an attorney applicant. (See instructions)

FIRST
ADMISSION _____
State mo./yr.

SUBSEQUENT
ADMISSIONS _____
State mo./yr. _____
State mo./yr. _____
State mo./yr. _____

3.3 ATTORNEYS' EXAMINATION QUALIFICATION: (Attorney Applicants)

If you are applying to take the Attorneys' Examination, have you been an active member in good standing of the bar of any jurisdiction(s) for four or more years just prior to filing this application?

☐ NO (N) ☐ YES (Y) If yes, in which jurisdiction(s)? _____
State State

3.4 Test Center Code
(See Instructions)

3.5 Location Name

3.6 FEES

SEE ENCLOSED ADDENDUM FOR FEE SCHEDULE

Application will not be deemed filed unless the proper fee is enclosed.

Application Fee	\$.00
Typing or Laptop Pilot Program Fee	\$.00
Late Filing Fee	\$.00
Total Amount	\$.00

1st Choice _____
2nd Choice _____
3rd Choice _____

3.7 I will (select one):

- ☐ 1. Handwrite
☐ 2. Type or Laptop Pilot Program
(Typing fee not required for applicants with disabilities who have been granted testing accommodations.)

3.8 Are you an applicant with a disability who has or intends to petition for testing accommodations?

☐ YES ☐ NO

Have you previously been granted testing accommodations to take an examination administered by the Committee?

☐ YES ☐ NO

CAUTION: All petitions for testing accommodations must be submitted under separate cover by the deadlines specified in the application instructions.

3.9 Have you previously applied for and/or taken a California Bar Examination?

Select one: ☐ YES ☐ NO

If YES, which examination: _____
month/year

3.10 ☐ YES ☐ NO

I authorize the publication by the Committee of Bar Examiners of such of my examination answers as the Committee may select, it being understood that any publication of any of my answers will not be accompanied by any identification of the writer thereof.

☐ YES ☐ NO I further authorize the Committee of Bar Examiners to grant to such persons or entities as the Committee chooses permission to publish such of my examination answers as the Committee selects. I understand I will not be compensated for publication of my answers by either the Committee of Bar Examiners or such persons or entities to whom the Committee grants a license.

DECLARATION

The person named as the applicant in the foregoing application and questionnaire, declares:

I have carefully read the questions in the foregoing questionnaire and have answered them truthfully, fully and completely, without mental reservations of any kind.

I hereby authorize educational or other institutions or agencies to release to the Committee of Bar Examiners (Committee) any information, files, transcripts or records requested by the Committee in connection with the processing of this application.

I further authorize the Committee to release information regarding my bar examination pass/fail status to the law school to which I have been or will be allocated for purposes of qualifying to take the California Bar Examination.

I hereby certify that I understand that I must comply with all of the requirements of the *Rules Regulating Admission To Practice Law in California*.

I declare under penalty of perjury under the laws of the State of California that my answers to the foregoing questionnaire and all statements made by me herein are true and correct.

I fully understand that the Committee of Bar Examiners is the sole judge of the validity of the examination and at its discretion, may determine that the result of any test or any part of any test or any individual's score is not valid. Should the Committee invalidate any part of the test, or if any individual's test is declared invalid or cannot be graded, the Committee may, at its discretion, decide to make a pass/fail decision on the basis of the valid portion of the applicant's test product available to the Committee. Should the Committee at any time determine that an insufficient test product is available upon which to base a valid pass/fail decision, the Committee may require the applicant to present himself/herself for re-testing at a place and time designated by the Committee.

NOTE: This application is an application for taking the bar examination and not an application for moral character determination.

Executed on _____ At _____
(Date) (Street and Number)

(City, State, Zip)

SIGN HERE: _____
(Signature of Declarant)

Before mailing your application, please check the following:

- G Is the correct fee included?
- G Are three test center names and codes correctly indicated on your application?
- G Is each question answered fully and completely?
- G Is the application signed?

Any necessary attachments should be stapled to the front cover of the application.

A completion fee will be charged for any application which is found to be incomplete in any way (see Addendum).

OFFICE USE ONLY	
<input type="checkbox"/> Fee	<div style="border: 1px solid black; height: 20px; margin: 0 auto; width: 100%;"></div>
<input type="checkbox"/> Declaration	Checked (Init. & Date)
<input type="checkbox"/> Signature	
<input type="checkbox"/> Other _____	<div style="border: 1px solid black; height: 20px; margin: 0 auto; width: 100%;"></div>
	Data Entered (Init. & Date)

.....

ETHNIC SURVEY

The following information is to be furnished by each applicant as part of the application process. The Committee of Bar Examiners is gathering this data to assist in the continuing evaluation of the examination. This information will be treated in a confidential manner and will be used only for research purposes. It will not be retained by the Committee as part of your application.

- | | |
|---|---|
| <p>1. What is your sex? <input type="checkbox"/> Male (1) <input type="checkbox"/> Female (2)</p> <p>2. Which one of the following racial or ethnic groups best describes you?
Mark only one.</p> <p>(1) <input type="checkbox"/> American Indian or Alaskan Native
(Descended from any of the original peoples of North America.)</p> <p>(2) <input type="checkbox"/> Filipino</p> <p>(3) <input type="checkbox"/> Pacific Islander
(Melanesian, Micronesian, Polynesian)</p> <p>(4) <input type="checkbox"/> Origins in Indian sub-continent
(Pakistan, Indian, Bengal, etc.)</p> | <p>(5) <input type="checkbox"/> Asian
(Includes Chinese, Japanese, Korean and the peoples of Malaysia and Southeast Asia)</p> <p>(6) <input type="checkbox"/> Hispanic
(Mexican, Puerto Rican, Cuban, Central or South American & Spanish -- but not Portuguese)</p> <p>(7) <input type="checkbox"/> Black
(Excludes persons of Hispanic origin)</p> <p>(8) <input type="checkbox"/> White
(Includes persons having origins in any of the original peoples of Europe, Russia, North Africa and the Middle East -- and generally corresponds to those persons not classified into one of the 7 specific minority categories)</p> |
|---|---|

.....

Payment Coupon

6

Payment Coupon - California Bar Examination

Office of Admissions/The State Bar of California

Last Name	Application Fees:	
	General Applicant	\$411.00 (A) _____
	Attorney Applicant	\$599.00 (B) _____
First Name and Initial	Late Application Fee (Refer to Addendum):	\$ 50.00 (C) _____
- -		\$250.00 (D) _____
Social Security Number	Typing or Laptop Pilot Program Fee	\$ 64.00 (E) _____
	TOTAL PAID	_____

*This coupon must be placed in envelope compartment with the check. DO NOT place in the same compartment with the application.